

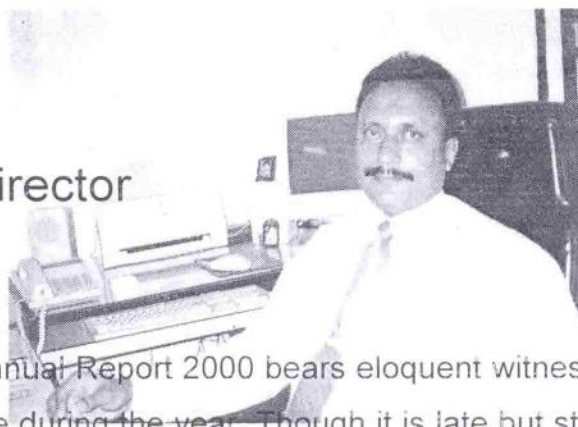
Governance

Executive Committee consists of seven (7) members. SJA monitored by General Body who elect an Executive Committee for two (2) years term to execute overall activities of the organization. The Executive Committee is the policy maker and oversees the execution. The following are the members of the Executive Committee in 2000

Kabita Das	Chairman
Khairul Zafar Chowdhury	Vice-chairman
A H M Faisal Ahmed	Secretary
Iftekhar Ahmed Shorful	Treasurer
Shaheen Akhter	Member
Monir Hossian	Member
Abdullah As- Shakir Ahmed Shikdar	Member

Acknowledgement

SJA express gratitude to its development partners including BPHC, BRAC, CIDA, CDD, DNFE, HASAB, ICLARM, PROSHIKA and concern Government Departments for their continued support and assistance to make the program successful.



Message from the Executive Director

Welcome to our Annual Report 2000. This Annual Report 2000 bears eloquent witness to the remarkable progress that SJA has made during the year. Though it is late but still nice to see the report of SJA. This report will not only analyze the past performance but also provide the direction for future. In my opinion, I found this report to be a valuable product, which can be taken as an example and can guide us in establishing a regular mechanism for reviewing our performance in future.

For SJA, 2000 was a year devoted primarily to consolidate the activities aiming to institutional strengthening and capacity building. The reported period has a particular significance because the organization has been participated a competitive bidding process.

SJA gratefully acknowledges the continued active contribution both financial and technical support of our donors as without their generous support, all these initiatives so far would not have been possible. We are also grateful to all the relevant government organizations and other development organizations for their cooperation and assistance.

I would like to acknowledge the contribution of women, adolescent and community people we work with for their participation in our program. I am proud and delighted to thank all the staff of SJA for their continuing impressive work, dedication and commitment in the promotion of development field. I also offer my congratulations to all concerned who have contributed in the preparation of this report.

A H M Faisal Ahmed

Acronymes

AFLE	= Adolescent Family Life Education	IMCI	= Integrated Management of Child Illness.
AHI	= Assistant Health Inspector.	IUD	= Intra Uterine Contraceptive Device
AIDS	= Acquired Immune Deficiency Syndrome.	KAP	= Knowledge Attitude and Practice.
ANC	= Ante Natal care.	MIS	= Management Information System.
ARI	= Acute Respiratory Infection.	MOMCH	= Medical Officer for Mother & Child Health.
BCC	= Behavior Change Communication.	MR	= Ministration Recycling.
CAR	= Contraceptive Acceptors Rate.	NFPE	= Non-formal Primary Education.
CB	= Community Base.	NGO	= Non government organization
CBCL	= Capacity Building Cheek List.	PHC	= Primary Health Care.
CBR	= Community based rehabilitation	PNC	= Post Natal care.
CC	= Community Clinic.	PRA	= Participatory Rapid Appraisal.
Cdd	= Control of diarrhoeal disease.	PRT	= Primary Rehabilitation Therapy
CDD	= Center for Disability in Development	QCT	= Quality Care Team
CHDRP	= Community Handicap and Disability Resource Person	QOC	= Quality of Care.
CHW	= Community Health Worker	QPR	= Quality Performance Report.
CM	= Clinic Management.	RD	= Rural Dispensary.
CS	= Civil Surgeon	RH	= Reproductive Health.
DPD	= Development Programmes for Disabled	RHSD	= Reproductive Health Service Delivery.
DNFE	= Department of Non Formal Education.	RTI	= Respiratory Tract Infection.
EC	= Executive Committee.	SJA	= Sylhet Jubo Academy
EOC	= Emergency Obstratic Care.	SKS	= Surma Kishori Shanga
EPI	= Expanded Program on Immunization.	STD	= Sexually Transmitted Disease.
ESP	= Essential Service Package.	TOR	= Terms of References.
FGD	= Focus Group Discussion.	TT	= Tetanus Toxoid
FLE	= Family Life Education.	UFPO	= Upazila Family Planning Officer
FP	= Family Planning.	UHC	= Upazila Health Complex
FWC	= Family Welfare Center.	UHFPO	= Upazila Health & Family Planning Officer
GDP	= Gross Domestic Product	UNO	= Upazila Nirbahi officer.
HASAB	= HIV/AIDS- STD Alliance Bangladesh.	UP	= Union Porishad.
H.I	= Health Inspector	UTI	= Urinary Tract Infection.
HIV	= Hunan Immune Virus.	VDO	= Village Development Organization
HPSP	= Health Population Sector Program	VHWC	= Village Health watching Committee.
IGA	= Income Generation Activities	WATSAN	= Water and Sanitation

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Vision, mission, goal & values of SJA

Vision

The vision of SJA is to develop a productive and sustainable socio-economic society where the poor have equitable access.

Mission

The mission of SJA is to establish a society of well organized, aware and conscious target people motivated for gradual development of their competency/capacity building, enabling to make productive use of available local resources; to meet their basic needs and committed to protection of environment and at the same time partners of local decision making process.

Goal

Empowerment of the poor through uplifting their socio-economic status and establish healthy & environmentally sound society.

Values

The people in SJA have agreed on a set of values as guiding as principles are-

- ☞ Participatory decision making process
- ☞ Healthy and comparative competition among employees
- ☞ Views and information as the basis of organizational decision
 - ☞ Mutual respect of each other
- ☞ A favorable internal environment
- ☞ Performance based evaluation of employees
- ☞ Economic use of resources for sustainable development
- ☞ Gender sensitiveness of employees in internal and external dealings
- ☞ Equal application of rules and regulations for all

SJA a t a Glance

As on December 31, 2000

Programs Coverage

Districts	04
Upazila (sub-districts)	10
Villages	425
Urban Slums	05
Population Covered	0.52 million

Development Programs

Non-formal Adult Education Centre	-	205
Total Learners	-	6100
Female	-	3245
Male	-	2855
Non-formal Primary Education Centre	-	10
Total Learners	-	300
Girls	-	210
Boys	-	90
Adolescent (Community & Institution based)	-	2920
Health, Population & Nutrition Program		
Total house hold covered	-	10,798
Total population covered	-	60,627
HIV-AIDS/STD Prevention		
Total Hotel-Restaurants	-	26
Total Beneficiaries	-	340
Village Organizations Membership	-	102
Total	-	1980
Female	-	1584
Male	-	396
Loan disbursement-Yr.'2000	-	947,000.00
Agriculture:		
Total Families covered	-	1392
Development Program for Disabled		
Total beneficiaries	-	158
Water & Sanitation		
Ring-slab distribution	-	1458
Tube-well	-	12
Arsenic test	-	24
Sanitation education	-	3900

Human Resources

Female staffs	-	39
Male staffs	-	28
Teachers	-	215
Volunteers	-	38
Total	-	320

Health, Population & Nutrition Program

SJA's Health, Population & Nutrition programs are playing a supplementary role with government to combat perennial problems of health status of the country. SJA extended its service delivery approach in the area where government health and FP workers are not working; to cover gaps in service delivery and to facilitated government FP programs by motivation and effective and coordinated referral systems. For emphasizing to ensure providing services to all members of the family and to promoting poorest health condition, the project goal was "To increase the use and demand for cost effective ESP deliveries solely or jointly by SJA and GOB amongst the poorest communities especially women and children". SJA implemented the Essential Service Package (ESP) program in GOB allocated areas of Sylhet Sadar & Biswanath Upazila under Sylhet district.

SJA, health & family planning interventions have been an integral feature of the organization. The existing Health, Population & Nutrition Program is determined to achieve sustained health and nutritional impact on communities, providing services in health, nutrition, behavior change communication and disease control.

Total house-hold covered - 10,798	Counseling & treatment provided - 15,392
Total population covered - 60,627	Children received services - 4,463.
Total eligible couple covered - 10,112	ANC/PNC service received - 10,466
Total satellite clinic organized - 962	Male clients received services - 4,926

Targets and achievement of purpose indicators

Purpose: To provide quality, coordinated and accessible ESP to the poorest, particularly women and children.

Indicators	Area	Categories	December '2000	
			Targets	Achievements
Increased CAR	Old	All Male	17%	17.47
		All Female	48%	47.65
		Poorest Male Poorest Female	11% 43%	15.83 43.72
	New	All Male	4%	2.10%
		All Female	14%	17.02%
		Poorest Male Poorest Female	2.5% 13%	0.89% 10.68%
Received all least 2 ANC	Old	All Poorest	75% 75%	82.67 81.08
	New	All Poorest	15% 15%	61.06 61.86
Received at least 1 PNC	Old	All Poorest	86% 60%	74.82 78.57
	New	All Poorest	35 30	52.57 42.03
% of delivery done by qualified personnel (Doctor, Nurse, Poll Nurse, Mid-wife, and Institutional).	Old	All Poorest	7% 6%	4% 01%
	New	All Poorest	4% 3%	7.26% 4.12%
EPI Measles coverage	Old	All Boys All Girls	88% 88%	81.08 93.10
		Poorest Boys Poorest Girls	55% 55%	93.93 90%
		All Boys All Girls	65% 65%	87.31 74.01
	New	Poorest Boys Poorest Girls	35% 35%	75.41 60
		All Boys All Girls	75% 75%	80% 82%
		Poorest Boys Poorest Girls	60% 60%	75% 64%
% of identified ARI case managed	Old	All Boys All Girls	60% 60%	63% 62%
		Poorest Boys Poorest Girls	30% 30%	55% 51%
		All Boys All Girls	100% 100%	92% 89%
	New	Poorest Boys Poorest Girls	80% 80%	75 78%
		All Boys All Girls	75% 75%	73.17 68.09
		Poorest Boys Poorest Girls	55% 55%	55.56 65.63
% of identified CDD case managed	Old	All Poorest	40% 40%	44% 42%
		All Poorest	25% 15%	26% 21%
	New	All Poorest	40% 40%	44% 42%
		All Poorest	25% 15%	26% 21%

Safe motherhood:

A significant part of the reproductive health component emphasis is on safe motherhood, pregnant women are given ante and post partum care, and they also have information about safe delivery. The Gram Shasta shebika (GSS) and volunteers from the community assist in identifying pregnant women, the community health worker or programme organizer provide basic ante and post natal care through the satellite clinic and at home. Referral is provided by the senior FWV, Nurse and Doctor from the Upazila health complex, Sadar district hospital and Osmani medical collage hospital.

A total of 1874 women registered to avail antenatal care services, only 1573 attended the satellite clinics. Ensuring the course of providing attended care, 47% were screened out as being high risk in accordance to the program criteria, 1354 deliveries occurred with in the ESP catchment area population in the reporting period. Following is the outcome of these deliveries.

Table pregnancy outcome



Live birth - 1267

Stillbirth - 51

Abortion - 36



Birth interval and Contraception:

In order to reduce the potential for maternal mortality ESP Project has also adopted a component of birth interval and contraception of birth interval and contraception for non-pregnant women. A baseline has been done to identify and register all the eligible couples in the project area. This information is available in the updated monthly register. GSS work as volunteers in the villages. They motivated the couples and assist through supply of oral contraceptives and condoms. The GSS assist to facilitate and improve the CHW coverage from which she also received her supply. GSS and CHW refer clients seeking IUD s, injectables and sterilization to the FWV at the satellite clinic, FWC, Sterilization camps or the upazila health complex. They also provided follow up care to all ELCO receiving contraceptives. Those reported with side effects and complications are also referred to the SJA paramedics and MO-MCH (GOB).

Health and nutrition education:

Health and nutrition education is another important aspect of the program. This is providing on a regular basis at various levels, i.e., during household visits, Mohila shova (women's meeting), school program and community meetings. Education on the food intake of the adolescent girls, pregnant women, and lactating women as well as education on colostrums, exclusive breastfeeding and weaning food are particularly emphasized. This education also covers prevention of ARI, immunisable diseases, night-blindness control TB and diarrheas diseases.



HIV-AIDS/STD Prevention Program

Sylhet the north-eastern part of Bangladesh is graced with the tomb of Hazrat Shahjalal (R), natural gifts tea gardens, stone quarry's, gas and petroleum, hillocks with different trees. Crowd in Sylhet city is a normal phenomenon due to visitors, businessmen and pilgrims gathered from home and abroad. In Sylhet the ratio of migratory people is very high than other part of the country. A number of hotel and restaurants established here because this business is more profitable than other districts, so the new hotels and restaurants are growing day by day. The increasing number of hotel and restaurants creates new hazards. Boarders from different occupations used to take rest in hotel/restaurants are immigrant, foreign currency brokers, businessmen and pilgrims. Among others unemployed youths of solvent family, tourist, local elites and peoples come to city for different purpose. There is no recognized shelter for sex workers in Sylhet, so hotel/restaurants are only safe place for them. Poor and destitute workers of hotel/restaurants used as a media of sex workers taking either physical or financial benefit or both – which leads the society towards vulnerability.

Location of the Project: Sylhet Paurashava area

Beneficiary of the project: Hotel-restaurant workers (both male & female), boarder & management of targeted hotel-restaurants, floating sex workers & and community people.

✘ Broad objective of the project is- "To develop & enhance knowledge-awareness level concerning HIV-AIDS/STD including its preventive measures, managed the deadly diseases and to establish safer sex behavior among the targeted community".


Program Interventions:

- # Awareness building
 - ☞ One to one education
 - ☞ Sexual health education
 - ☞ IEC/BCC material demonstration & distribution
 - ☞ Audio-visual show
- # Coordination and collaboration
 - ☞ Liaison with municipal corporation & GOB health officials'
 - ☞ Coordination between SJA - other NGO's and service providers.
 - ☞ Advocacy meeting with hotel-restaurant management
- # Referral: Referring complicated patients for better treatment
- # Condom promotion
 - ☞ Condom education
 - ☞ Demonstration of condom
 - ☞ Distribution of condom
- # Peer educator
 - ☞ Selection of peer educator
 - ☞ Peer educator orientation
 - ☞ TOT on peer educator
 - ☞ Ensure effective participation of PE
- # Observes World AIDS day
 - ☞ Observing along with target community, GOB & other stakeholder
- # Human resource development
 - ☞ Orientation
 - ☞ Basic training.
 - ☞ Monthly staff meeting
 - ☞ Study tour
 - ☞ Supervision and monitoring support
- # Clinical services
 - ☞ STD treatment
 - ☞ General treatment
 - ☞ Referral complicated cases
 - ☞ Providing medicine with subsidiary amount
 - ☞ counseling
- # Contact with sex worker - counseling, condom education, and need-based support.
- # Response as per client's requirements & demand.
- # Close follow up and monitoring

The HIV-AIDS/STD prevention program was a demand responsive initiative for the region. Reality is no recognized brothel, boarder area, increases number of migrated community, businessmen of inland as well as abroad makes the area vulnerable for HIV-AIDS/STD. However the national scenarios of HIV positive patient's rate are also alarming in Sylhet

SJA believes that project planning with long-term initiative activates on HIV-AIDS/STD can reach the goal for the betterment of the nation.

Development Program for Disabled (DPD)









 Preface: likewise the different initiatives of developing and underdeveloped countries have also been taken to assist the people of Bangladesh to change the lifestyle. Emphasis has been given for the rural and backward community.

Though a number of activities/initiatives are in existence – disabled and disability seldom highlighted. Development is a lengthy and integrated process – it cannot be achieved leaving a section of disable population. It is estimated that about 10% of our population by any means are disabled depending partially or fully to his family. With the prevailing altitude of the society, they seem as imprecation. A few positive attitude towards their ability work and potency and also found.

SJA rendering different development initiatives where emphasis has been also given on disability related activities. To serve the people living with disability towards a healthy life SJA incorporate the intervention in its 5th year strategic plan in 1998 and started activities in community based rehabilitation (CBR) approach.

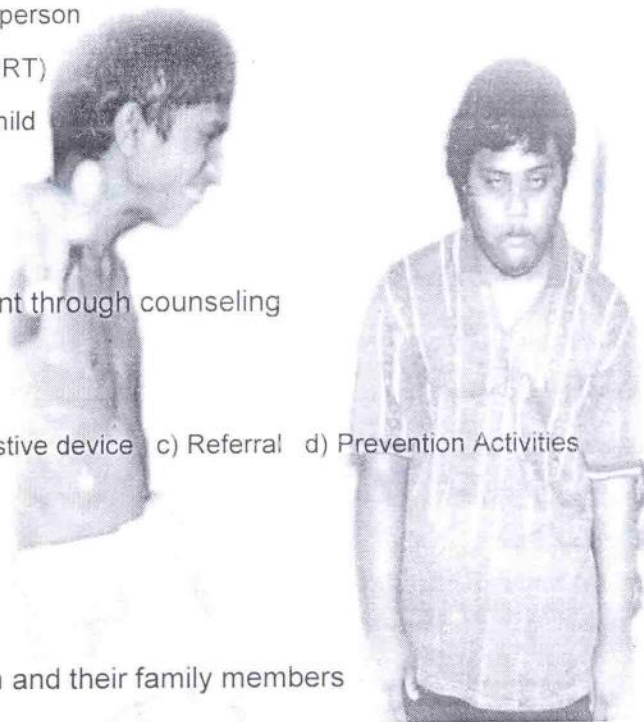
SJA covers the 04 broad categories of people living with disabilities are- intellectually retarded, speech and hearing impaired, visually impaired and physically disabled.

Objectives

-  Identify the causes of disabilities and types of disabilities
-  Create positive attitude towards people with disability
-  Progress beyond awareness rising & create an enabling positive environment towards disabilities
-  Organized awareness rising among the community to prevent causes of disabilities.
-  Provide education and skill development training to disable person and their family members to integrate income generation activities
-  Provide health care services for disable person
-  Provide primary rehabilitation therapy (PRT)
-  Provide special intervention to disable child

Activities

- Disable identification
- Classification of Disables
- Motivation & Relationship development through counseling
- Client Assessment
- Action Plan Based on Problem:
 - a) Primary Rehabilitation Therapy
 - b) Assistive device
 - c) Referral
 - d) Prevention Activities
- Awareness raising & Counseling
- Scholl Program
- Immunization
- Antenatal & postnatal care
- Micro-credit support to disable person and their family members
- Observe related days



Water & Sanitation

The national target of the health for all by year 2000 has produced a new dimension in the development matrix of the country. In this process water and sanitation have been included in the mainstream development agenda. Various initiatives have been taken-up both by Government of Bangladesh and Non Government Organizations working even at remote and rural areas.

SJA introduced its WATSAN program followed by base line survey in 1993 and getting a hazardous feature in case of having pure drinking water and to change behavior of target people and promoted in sanitation.

Objective:

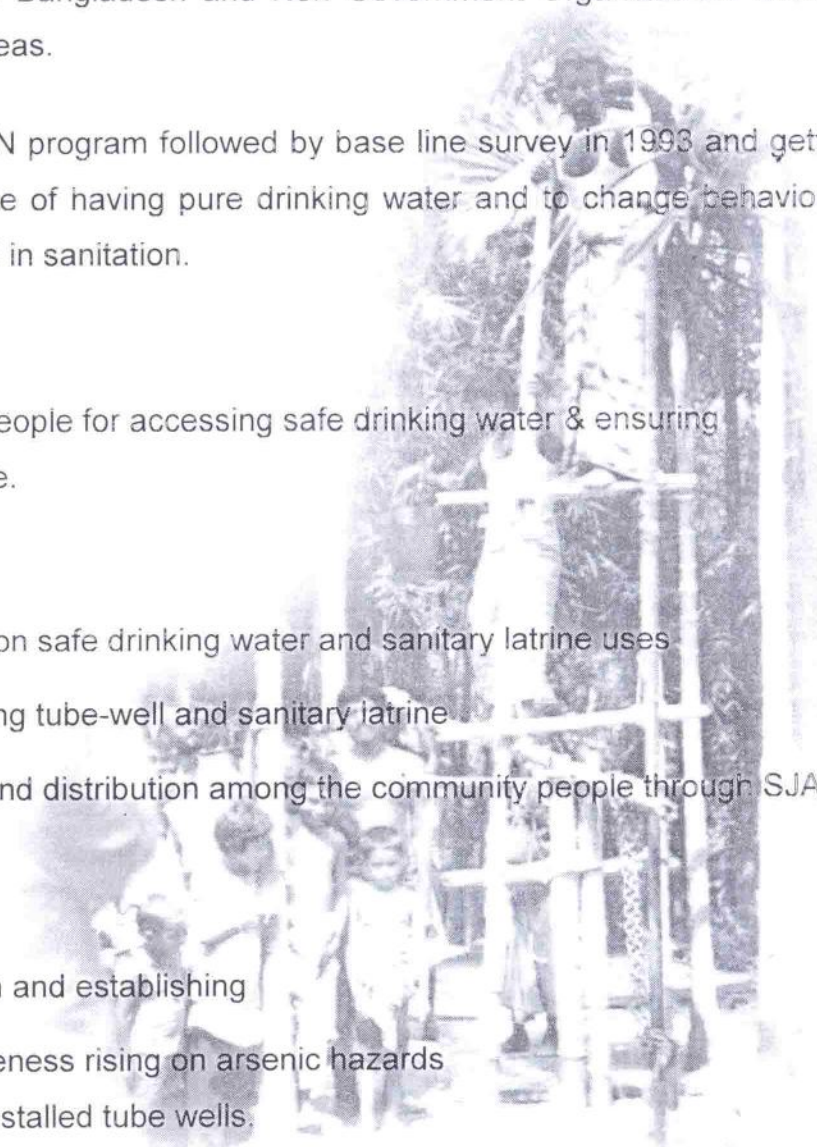
To assist the rural people for accessing safe drinking water & ensuring use of sanitary latrine.

Interventions:

- Providing education on safe drinking water and sanitary latrine uses
- Training of maintaining tube-well and sanitary latrine
- Produced ring-slab and distribution among the community people through SJA's

village sanitation centre:

- Tube well distribution and establishing
- Motivation and awareness rising on arsenic hazards and arsenic test of installed tube wells.



Education Program

Education is a basic human right. It acts as the guiding force in all sectors of development. Due to resource constraint and lack of required facilities, many peoples are deprived from education, especially the rural poor. SJA as a development organization consider the education is the key element of social development. SJA is implementing the two types of programme

- 1) Non-formal primary education. 2) Adult literacy program.

Non-formal primary education:

Create scope and capability of dropout children to admission in government & non-government primary school. In 1994 SJA began its non-formal primary education program for children of downtrodden families with BRAC model. Currently, SJA implementing its 2nd phase and run 10 non-formal primary schools where 300 children were learning well with 100% attendance. Among this 70% girls and 30% boys students.

Major objectives:

- ☐ Developed poorest Child's as human resource through schooling.
- ☐ Ensure easy access to school for poorest community.
- ☐ Assisting to implementation of government primary education system.
- ☐ Assisting children to make them progressive minded, creative, self-determined & self-dependent.
- ☐ Assisting to build the program countrywide make an educated nation.

Non-formal primary school at a glance

Working area		Schools	Student			Duration
District	Upazila		Boys	Girls	Total	
Sylhet	Sadar	10	90	210	300	3 years

Non-formal adult education:

To supplementation of government education program and ensuring illiteracy free society SJA undertook this program. So far SJA conduced 295 education centers. 4355 male and 8800 females students were received education. SJA is firm to continue the program to build the nation as literacy free country with in 2006.

Major objectives:

- ☐ Making knowledge able illiterate community through adult literacy program.
- ☐ Accomplished 15-24 age group of people on reading writing and simple accountancy
- ☐ Creating environmentally sound society through different types of programmes.
- ☐ Increased productivity of the country for overall development
- ☐ Identify the problem and take measures
- ☐ Ensure easy access to govt./private resources for the commoners
- ☐ Increase awareness level of the community to send their children to School
- ☐ Illiterate people converted to human resource through literacy program

Non-formal adult education program- 2000 at a glance

Working area		Donor Org.	No. of center			No. of student		
Dist.	Upazila		Male	Female	Total	Male	Female	Total
Sunamgonj	Jagannathpur	DNFP 1	27	33	60	810	990	1800
	Jagannathpur	DNFP 1	37	38	75	1110	1140	2250
Moulvibazar	Kamalgonj	DNFP 2	27	33	60	810	990	1800
	Kamalgonj	PROSHIKA	05	05	10	125	125	250

Adolescent Program:

The adolescent period of life is a vital stage for both mental and physical development. In the north-east region of Bangladesh where the overall literacy rate of people is very low due to ignorance and gender discrimination, girls are less likely to receive adequate food and education/training than the boys. With a view to increase participation of adolescent girls previously deprived or not having access to education, a total of 135 learning forum organized for adolescent girls in SJA's working area. These forum located in each village, consisted of 10-15 learners each, between the age of 11-19 years. A total of 1635 adolescent girls were involved in this year. These learners meet at least once a month through a forum called Surma Kishori Shanga (SKS) to discuss health, nutrition and other related issues.

Through this program Adolescent Family Life Education (AFLE), Functional education, Sexual Health education, Health care services has been implemented.

AFLE implementing through institutions based and community based. In SJA's project area a total of 10 secondary schools were selected for AFLE education to adolescent boys and girls. At the community level the AFLE program implementing for only adolescent girls through formation of adolescent groups. The sessions facilitated jointly by CHW and PO's of SJA.

The adolescent girls also assist at the health service delivery centers (i.e., Satellite clinic, EPI session) through providing general treatment, counseling on sexual health, vaccination and other essential health care. It is hoped that this will also contribute to increase the age of marriage of the adolescent girls and delaying their first pregnancy



Micro-Finance Program

Village development organization (VDO):

To ensuring and promotion of sustainable development process through organization and mobilizing the local resources, SJA formed village development organizations named somitee (group) consisting 15-25 members, who are landless and poorest people of community. Among these, 90% are female groups and 10% are male groups. The main purpose of the somitee is to mobilize and initiative various need based village development activities for the members of the organization as well as for the village.

SJA arranged different types of training and orientation to increase the capacity of group members to lead and manage group interventions and members from each group receive training on local needs assessment, scheme development, and prioritization of work were done.

SJA provide credit support among the skilled and interest group members for implement small-scale income generation activities (IGA) to increase opportunity of employment and purchasing capacity.

The condition of low living standard that destroyed the self-confident, and creativity of individual. As a result the work did as a machine the actual development to achieve the self-dependency of individual to change his lower condition and total situation. The unified effort of the deprived people can be face the poverty effectively and established their human rights. SJA is to achieve comprehensive development approach for the poor and deprived people. For this purpose SJA is provide the various support programs.

Objectives:

- ☐ to organized the poor women and man
- ☐ to grow the awareness and analytical attitude all out injustice, illegal issues and deprivation
- ☐ to create awareness of basic, human and democratic rights, and institutionalization of democracy at the grassroots level
- ☐ to create awareness for women rights at the families, society and state
- ☐ to create sound environment
- ☐ to create self employment opportunity through provide micro-credit support and motivate poor people for savings
- ☐ to develop the socio-economic condition and living standard by micro-credit program
- ☐ to ensure of involvement of poor people in IGA through micro-credit support
- ☐ to support for SJA's stability

Micro-credit Position in 2000	
No. of groups received credit support-	73
No. of people received credit support-	1004
Total credit disbursed in 2000-	947,000.00
Outstanding credit (as of 31 st Dec.'2000)-	714,672.00

Empowering of poor women: village development organization (VDO)

Objective:

To develop socio-economic condition of poor people and establish a glowing society.

Interventions:

- Base line Survey: To identify the people who are belonging in poor line or under the poverty line, landless farmers, depressed women society, khash land, haor, survey is continued in one hundred and eleven villages in starting period. To find the base status door-to-door survey has been made by concern staffs.

- Village Development Organization Formation: After the survey by SJA, the targeted population is identified. It's followed by motivational work. Then VDO were formed accordingly. The criteria of VDO formation is shown below:

- i. Only the functionally landless poor are eligible for member of VDO
- ii. A VDO should form consist of 20-25 members.
- iii. All the members of the VDO must be inhabitants of same village.
- iv. VDO should form with persons are in a similar economic condition and enjoy mutual trust.
- v. It is not allowed to form VDO with close relatives or family members.
- vi. Each and every VDO shall be a President, a Secretary and a Treasurer those are select/elect by the same VDO members.

-Savings Habit: SJA recognizes savings as a driving force in micro-finance. All members of VDO ensure their regular saving on weekly basis.

-Training: They are trained and motivated for proper using of local resources. Also the members received different types of skill development training according to their demand for initiating small-scale business.

-Advocacy support: The VDO members provided advocacy support for excess of local khas land from govt. The female members especially provided the support along with women's right issues.

-IGA: SJA provide financial & technical assistance to its VDO members to establish small entrepreneurships and to create employment opportunity.

Purpose:

- To promote education, accommodation, malnutrition and disoriented of medical opportunities and change their behavior in to the positive ways
- To identify limitations and probabilities of economic development and blow out these limitations
- To grow efficiency of poor people/disappointed low living people to proper use of local resources, land, haor etc.
- To give credit in depressed women/men, creating and enhancing of earn
- To connect people in income generating activities
- To use of local khash land, haor to organize and train the people for awareness and abilities.
- To grow power in out of poor people it is important to proper using of local resources

At a glance VDO	
Total VDO formed-	102
Total members-	1980
Total IG entrepreneurships established-	27

Agriculture:

There is a saying about the Bengali that they live on fish and rice. Bangladesh's biggest resource is its people and basically established an agricultural country. The agriculture productions are the primary source of lively hood for most of the population in Bangladesh. Nearly 80 to 86% of the total population depend on agriculture or agriculture related activities directly or indirectly. Especially the rural community, landless and poor peasants depend completely or partly on agriculture for their survival.

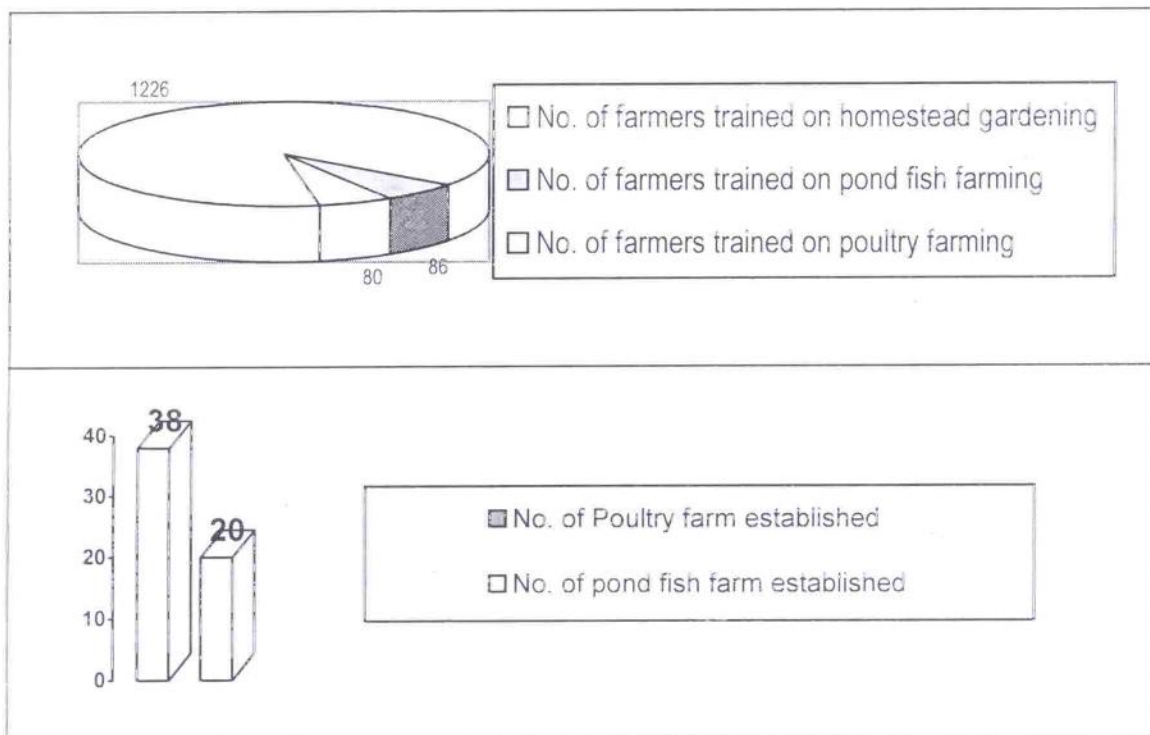
As a part of development SJA engaged on agriculture activities since 1993 and marched the agricultural activities with other on-going programs. The main works of SJA's agriculture program in the year 2000 included a number of different components- house hold food security through tree plantation, home based kitchen gardening, fish farming, poultry farming,

SJA's maximum working areas are suitable for fisheries project, but it is a matter of great regret that fish is gradually becoming a rare kind of food item in their traditional habit. In Bangladeshi fish consumption is very low in relation to that of people of other countries. It is mainly because less importance is paid to fish cultivation, production, management and partly because massive destruction of flood plain and open water bodies fish species. There are no large-scale program activities on endangered and extinct fish species protection and conservation.

In 1993 SJA has been implemented rice-cum-fish culture project in Moglabazar union of Sylhet Sadar thana. The trout ling (young fish) of Saraputhi & Katla was cultivated on paddy field along with BR-14 Varity (gazi) paddy. Also SJA implemented pond fish culture on traditional way at Biswanath, Derai & Kamalgonj Upazila.


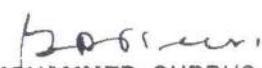
SJA received aquaculture training from ICLARM and successfully introduce modern technology to increase pond fish farming productivity and profitability within its working area.

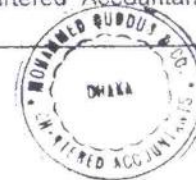
At a glance agriculture program 2000



মোহাম্মদ কুদ্দুস এণ্ড কোং
MOHAMMED QUDDUS & CO.
 CHARTERED ACCOUNTANTS

47, DILKUSHA C/A, (3rd Floor)
 DHAKA-1000, BANGLADESH
 TEL : 9569784, 9551759
 FAX : 880-2-9551759

SYLHET JUBO ACADEMY (SJA) House # 20/A, Block-C, Shahjalal Upashahar, Sylhet BALANCE SHEET as at 31 December, 2000		
PROPERTY AND ASSETS :	TAKA	TAKA
FIXED ASSETS : (note-37)		464,656.00
CURRENT ASSETS :		
Loan Disbursed to Group (note-38)		907,672.50
Advance (note-41)		290,450.00
Security Deposit		3,600.00
SJA - Komalganj Project (Media Investment)		40,000.00
CLOSING BALANCE : (Sch-2)		
Cash in hand	2,737.69	
Cash at Bank	546,523.87	549,261.56
Total :		2,255,640.06
FUND AND LIABILITIES :		
FUND ACCOUNTS :		
Balance as per last Account	1,018,528.86	
Add : Surplus of Income over Expenditure	396,850.70	1,415,379.56
Project Fund (note-39)		159,565.50
CURRENT LIABILITIES :		
Loan (note-41)		418,018.00
Group Savings (note-40)		262,677.00
Total :		2,255,640.06
 Executive Director SJA		
Signed in terms of our separate management report of even date		
47, Dilkusha C/A Dhaka, Bangladesh 25th February, 2001	 MOHAMMED QUDDUS & CO Chartered Accountants	



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SYLHET JUBO ACADEMY (SJA) House # 20/A, Block-C, Shahjalal Upashahar, Sylhet INCOME AND EXPENDITURE ACCOUNT for the year ended 31 December, 2000		
INCOME :	NOTE	TAKA
NFE Project (Project-1)	1	817,055.20
NFPE Project	2	128,275.00
NFE Project (Project-2)	3	540,659.00
SJA Logistic Project	4	93,006.70
SMAPR Project	5	254,905.08
Income Generating Measurers	6	73,064.00
ESP Service for Poorest of the Poor	7	1,748,645.00
Service Charge Grahan	8	18,459.00
VSC Project	9	738.00
Emergency Fund - SJA	10	1,892.00
PRFAA Project	11	1,829.31
Seba Mullaya Grahan - SJA	12	26,975.00
Credit Fund	13	3,179.50
Small Enterprise Development Project	14	1,347.63
Organisation Development Fund (ODF)	15	372.30
Main Office - SJA	16	4,275,212.00
SJA Komalgonj Project	17	92,145.00
HIV / AIDS-STD Prevention Project	18	396,680.00
Total Income :		8,474,439.72
EXPENDITURE :		
NFE Project (Project-1)	19	902,397.10
NFPE Project	20	125,018.00
NFE Project (Project-2)	21	542,415.91
SJA Logistic Project	22	44,974.31
SMAPR Project	23	212,855.51
Income Generating Measures	24	59,516.00
ESP Service from Poorest of the Poor	25	1,787,034.00
Service Charge Grahan	26	12,000.00
VSC Project	27	120.00
Emergency Fund Project	28	505.00
PRFAA Project	29	502.93
Seba Mullaya Grahan - SJA	30	6,682.10
Credit Fund Project	31	394.50
Small Enterprise Development Project	32	134.76
Organisation Development Fund Project	33	22,126.90
Main Office - SJA	34	3,958,719.00
SJA Komalgonj Project	35	258.00
HIV / AIDS-STD Prevention Project	36	401,935.00
Total Expenditure :		8,077,589.02
Surplus of Income over Expenditure (1-2) :		396,850.70
Total Expenditure & Surplus :		8,474,439.72



SYLHET JUBO ACADEMY (SJA) House # 20/A, Block-C, Shahjalal Upashahar, Sylhet RECEIPTS AND PAYMENTS ACCOUNT <u>for the year ended 31 December, 2000</u>			
RECEIPTS :	NOTE	TAKA	TAKA
Opening Balance :	Sch 1		.
Cash in hand		1,022.60	
Cash at Bank		544,601.15	545,623.75
NFE Project (Project-1)	1		817,055.20
NFPE Project	2		128,275.00
NFE Project (Project-2)	3		542,309.00
SJA Logistic Project	4		197,829.31
SMAPR Project	5		372,755.08
Income Generating Measurers	6		73,064.00
ESP Service for Poorest of the Poor	7		1,748,645.00
Service Charge Grahan	8		18,459.00
VSC Project	9		738.00
Emergency Fund - SJA	10		124,892.00
PRFAA Project	11		11,659.31
Seba Mullaya Grahan - SJA	12		26,975.00
Credit Fund	13		149,588.00
Small Enterprise Development Project	14		61,527.63
Organisation Development Fund	15		372.30
Main Office - SJA	16		4,277,912.00
SJA Komalgonj Project	17		839,311.00
HIV / AIDS-STD Prevention Project	18		396,680.00
Total Receipts :			10,333,670.58



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PAYMENTS :	NOTE	TAKA	TAKA
NFE Project (Project-1)	19		902,397.10
NFPE Project	20		129,443.00
NFE Project (Project-2)	21		542,415.91
SJA Logistic Project	22		197,349.31
SMAPR Project	23		372,855.51
Income Generating Measures	24		77,516.00
ESP Service from Poorest of the Poor	25		1,852,034.00
Service Charge Graham	26		12,000.00
VSC Project	27		120.00
Emergency Fund Project	28		70,505.00
PRFAA Project	29		502.93
Seba Mullaya Graham - SJA	30		6,682.10
Credit Fund Project	31		147,394.50
Small Enterprise Development Project	32		50,134.76
Organisation Development Project	33		22,126.90
Main Office - SJA	34		4,070,715.00
SJA Komalgonj Project	35		928,282.00
HIV / AIDS-STD Prevention Project	36		401,935.00
Total Payments :			9,784,409.02
Closing Balance :	Sch. 2		
Cash in hand		2,737.69	
Cash at Bank		546,523.87	549,261.56
Total Payments & Closing Balance :			10,333,670.58



An Introduction to Bangladesh

While having a long and rich historical & cultural tradition, Bangladesh is a remarkably young country. Bangladesh appeared on the world map as an independent and sovereign state on December 16, 1971 following the victory after a bloody war of liberation struggle with Pakistan. Bangladesh has to cope with more than 10 million returning refugees who had fled to India as a result of the liberation war. In addition to the returning refugees, the new country had to face the enormous challenges of pervasive poverty as 71% of the population lived below the poverty line. Bangladesh has faced many challenges and accomplished much in its short history: the proportion of the population living in poverty had declined to 45% in 1988; adult literacy has increased from 24% at independence to 56% in 1999. The Country has also seen increases in life expectancy and educational enrollment rates, and decline in its infant mortality and fertility rates. But despite these gains, Bangladesh remains a poor country in which the life chances of half the populations are curtailed by pervasive gender discrimination.

Bangladesh is a member of the United Nations and its various specialized bodies and agencies including ESCAP. She is also a member of the Commonwealth of Nations. Bangladesh has multiparty parliamentary form of democracy, where the Prime Minister is the head of government. The 330 seat National Parliament, known as the "Jatiya Sangshad" has a normal term of 5 years. The constitutional Head of State is the President.

This is a land of 127 million people comprising 86.6% Muslim, 12.1% Hindus, 0.8% Buddhists and 0.7% Christians. Over 98% of the people speak in Bangla, although English is widely used in the urban areas. The Country is divided into six (6) administrative divisions namely Barishal, Chittagong, Dhaka, Khulna, Rajshahi and Sylhet. A division is composed of a number of districts and in Bangladesh there are 64 districts. These districts are further divided into 490 Upazila's. Several union councils constitute a upazila and 15-20 villages is each union and altogether there are 68000 villages in Bangladesh. The local government is conducted by elected bodies known in urban areas as Paurashava (Municipality) and in rural areas Union Porishad, headed by an elected Chairman. Dhaka is the capital city of the country.

The climate and geography of Bangladesh affect the daily lives of her all citizen. Located on a deltaic plain, criss-crossed by mighty rivers like Padma, Jamuna Meghna and their numerous tributaries, the seasonal rain and floods punctuate the rhythm of life in Bangladesh. Located in one of the wettest regions of the world, Bangladesh has a tropical monsoon climate characterized by rain bearing winds, warm temperatures and high humidity. The country has broadly four (4) seasons: Winter (December-February), summer (March-May), Monsoon (June-September) and autumn (October-November). During summer and Monsoon, tropical cyclones, storms and tidal bores cause widespread damage and destruction. However, with the present early warning system and evacuation facilities, losses of lives have been reduced.

Economic Development has always been constrained mainly by large population and one of the highest densities of the world (over 830 persons a square kilometer). The population growth rate is over 2% a year despite high government priority given to population control and family planning. Development has also been impeded by a series of external shocks and recurring natural disaster like cyclone, flood, and river erosion etc.

Agriculture generates about one third of GDP, provides employment of over 60% of the labor force and accounts for about half the value of export earnings. Principal crops are rice, wheat, jute, tea, sugarcane, oilseeds, fruits and vegetables. Bangladesh has also witnessed a growth in the manufacturing led by the readymade garment sector, which has become an important source of employment especially for women.

Bangladesh has a flourishing Non-governmental organization (NGO)/ Private voluntary development organization (PVDO) community boasting some of the most successful and innovative organizations in the world. Their programs in poverty alleviation and non-formal education have been the source of inspiration and replication for development programs across the globe.

SJA is a Bangladeshi origin private voluntary development organization aiming to empowerment of the rural backward poor and establishing healthy and environmentally sound society. With its development commitment and competence, have been working to reach the disadvantaged people who face the basic problems of poverty, unemployment, malnutrition, illiteracy, diseases, and mortality & population growth. Along with comprehensive programming the organization also respond to disability development through make them potential and The Reproductive Health Care is playing a supplementary role with government to combat perennial problems of health status of the country. As a voluntary development organization SJA is also involve to aware ignorant people for prerequisite of prevention and spreading AIDS is to recognize the danger early on and not wait for disaster to strike with government as well as national & international NGOs. SJA has taken different initiatives to create an environment to ensure participation of all the sectors in the mainstream of development. SJA's development program covers 0.52 million population of 04 districts under Sylhet division in Bangladesh. The sectors are- Health & Population, Disability, Water & Sanitation, Environmental Development, Micro-Credit/Finance, Education (both adult & primary), Rural Development and Urban & Slum development.

From its humble beginning in August 1991, special emphasis given to less advantaged and hard-to-reach poor people. SJA legally registered with Department of Social Services under the Ministry of Social Welfare, Dept. of Family Planning under the Ministry of Health & Family Welfare & NGO Affairs Bureau under the Prime Ministers Office-Bangladesh Government.

The pledge was to provide sustainable measures to improve the conditions of the backward & downtrodden community by developing their ability to mobilize manage and control local & external resources by themselves. SJA's programs have never been determined by a rigid set of strategies. The organization's success is attributable largely to its flexibility in responding to the needs of the people and over the years it has gradually evolved into a large and multifaceted development organization.

SYLHET JUBO ACADEMY (SJA)

HOUSE- 20/A, MAIN ROAD, BLOCK-C

SHAHJALAL UPASHAHAR

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